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ABSTRACT

This document reports the results of a federally supported program, the Western Region Faculty Institute for Training in Colorado, to train college faculty to conduct inservice training in early intervention with infants and toddlers (birth-to-3) at risk for or with disabilities. A "training of trainers" model was used. The program developed a variety of materials and conducted training of several thousand faculty from 33 higher education institutions in 13 states and 4 Pacific Basin jurisdictions. Activities included: assessing the needs and resources of faculty in the higher education system; promoting communication and leadership among faculty in their state/jurisdiction; providing training and technical assistance to faculty leadership teams; fostering coordination with State lead agencies under Part H of the Individuals with Disabilities Education Act; and supporting the capacity of faculty to conduct inservice training. The training incorporated best practices such as family-centered community-based services and coordination among disciplines. The conceptual framework for the program is discussed and a description of the program model with the major components of the project is provided. Methodological or logistical problems are discussed. Evaluation findings are identified and the project's impact evaluated. A list of products and publications from the project is provided, with information on how to obtain the materials. Information is provided on the dissemination activities of the project, implications of the project's findings, and future activities. A detailed description of the mini-grant projects, demographic data, and a Year 3 summary of planning teams is attached. (CR)

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Western Region Faculty Institute for Training

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024P20003
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Abstract

This three year project, submitted by J.F.K. Center for Developmental Disabilities, the Colorado University Affiliated Program, is designed to address the severe shortage in the western region of the United States of Qualified personnel prepared to deliber services to birth-to-three children and their families. This project presents an innovative application of a "training of trainers" model designed to catalyze inservice training of early intervention service providers through the training of faculty in 33institutions of higher education in 13 states and 4 jurisdictions of the United States. A coordinated sequence of activities will be executed to assess needs and resources of faculty in the higher education system, to promote communication and leadership among faculty in their state/jurisdiction, to provide training and technical assistance to faculty leadership teams, to foster coordination with state Part H lead agencies, and to support the capacity of faculty to conduct inservice training to service providers in early intervention. The entire project is based on the most current values and practices in early intervention, particularly family-centered approaches, teaming among individuals repreesenting multiple disciplines, and community-based services for infants/toddlers and their families. The Western Region Faculty Institute for Training (WRFIT) model will generate a variety of products including a curriculum compendium, computerized databases of training resources, compilation of innovations in early intervention inservice training projects, reports about events for training faculty, and a document describing positive outcomes of collaboration in states and jurisdictions. Systematic plans for project evaluation and dissemination will be executed to increase accountability and project impact.

IV. Goals and Objectives

The Western Region Faculty Institute for Training is designed to improve the quantity and quality of personnel who deliver services to birth-to-three children and their families through the training of faculty in institutions of higher education in 13 states and 4 Pacific Basin jurisdictions. The project builds upon the uniqueness of each state/jurisdiction to support and enhance their current efforts in the development of a Part H personnel preparation system. The project facilitates collaboration among family members, faculty, service providers, Part H coordinators and other individuals involved in early intervention. The overall rationale and approach of the project is summarized below in the project's overarching goals and specific measurable objectives within each goal.

Goal 1: To establish an accessible, regionally based system of training and technical assistance for higher education faculty which increases their capacity to conduct inservice training in early intervention.

Objective 1.1: Develop and distribute information products to publicize the project's goals and objectives, target audience (faculty), resources, and planned activities.

Objective 1.2: Conduct 1-day Advisory Council session coordinated with "Partnerships for Progress" Conference to provide input into the project's direction, goals and objectives.

Objective 1.3: Review extant training materials, curricula, and resources in early intervention; develop and disseminate a "curriculum compendium," including reviews of at least 20 currently existing curricula; and identify gaps or missing discipline-specific, value-based, and/or multidisciplinary materials, resources, procedures, and curricula.

Objective 1.4: Develop, revise, and evaluate discipline-specific, value-based, and/or multidisciplinary materials, resources, procedures, and curricula.

Objective 1.5: Provide consultation and follow-up to faculty and other stakeholders regarding planning and developing

activities, courses, institutes, workshops, or specialization programs for inservice training.

Objective 1.6: Finalize and disseminate a menu of training curricula/modules and presentations available through project staff, consultants, and additional affiliated personnel within states/jurisdictions.

Objective 1.7: Develop and disseminate a computerized, annotated data base system available to faculty, leadership teams, and program planners for rapid identification of information about key faculty in early intervention, innovations in birth-to-three programs, curriculum materials, early intervention literature and other training resources.

Goal 2: To establish and support state/jurisdiction faculty planning teams who will conduct needs assessment, faculty training, and other personel preparation coordinating activities.

Objective 2.1: Establish a personnel preparation planning team in each state/jurisdiction and consolidate its resources for prioritization of training needs, discipline-specific and multidisciplinary training, resource coordination, and programmatic follow-up.

Objective 2.2: Establish links and working agreements with each planning team regarding collaboration within each state and jurisdiction-with the ICC personnel preparation group, state agencies, state part H agency, and professional licensing and accreditation agencies.

Objective 2.3: Provide information and resources to each state/jurisdiction to determine feasible methods to gather and analyze needs assessment data, address training needs and priorities, validate training content and methods, and implement and evaluate training events or models.

Objective 2.4: Conduct 2-day regional "Early Intervention Leadership Task Force" institute bringing together state and jurisdiciton planning teams for planning strategies within their catchment area, disseminating documentation and tracking system,

sharing resources and curricula, and initiating cooperation among key leaders in the western region.

Objective 2.5: Negotiate and provide sub-contracted funds to planning teams and other identified trainers for the development, implementation, dissemination, and evaluation of training events.

Objective 2.6: Provide ongoing technical assistance and monitor the faculty training activities of each state and jurisdiction planning team.

Goal 3: To increase faculty involvement in inservice training activities which are innovative, coordinated with Part H leadership planning and consistent with continuing education systems and certification standards in the states/jurisdictions of the western region.

Objective 3.1: Conduct mini-grant program for faculty to facilitate the training of early intervention service providers and to encourage collaboration with continuing education recertification and licensing institutions.

Objective 3.2: Conduct mini-grant retreat for faculty receiving awards to facilitate distribution of ideas, innovations, and results of inservice training projects.

Objective 3.3: Assist planning teams to identify mechanisms and incentives to increase faculty conduct and participation in inservice training events.

Objective 3.4: Assist planning teams to coordinate faculty inservice training with state licensing and certification programs and the CSPD.

Goal 4: To evaluate the project's activities and outcomes with emphasis on assessing the value of project products and extent of project's impact on faculty planning teams, faculty "trainees", service providers, and professional licensing and accreditation agencies.

Objective 4.1: Monitor activities within each state/jurisdiction through tracking documentation forms; regular on-site and/or telephone contacts; innovations, resources and products; formative and summative evaluation procedures.

Objective 4.2: Assist planning team and key leaders to gain approval for licensing, continuing education credits,

infant/toddler specialization, and/or recertification credits to recruit and retain skilled and qualified service providers in to the early intervention field.

Goal 5: To disseminate key findings and products of the project to stakeholders in emerging early intervention services and systems both regionally and nationally.

Objective 5.1: Disseminate information throughout the western region and nationally about innovative projects with potential for replication by faculty.

Objective 5.2: Present and disseminate project information, methods, products, and procedures at national and regional conferences.

Objective 5.3: Disseminate curricula, materials, products, and reports to Part H coordinators, planning teams, key faculty UAP director/EI staff in western region, to the other three regional faculty training projects, and nationally.

V. Conceptual Framework

The importance of interdisciplinary, family-centered early intervention services for infants and toddlers with developmental disabilities and their families is well defined in the Part H Amendments to the Individuals with Disabilities Education Act (U.S. Congress, 1991). Data supporting the value and cost effectiveness of early intervention services continues to acculumate (Shonkoff & Hauser-Cram, 1987). Position papers regarding progressive values and best practices in early intervention are plentiful including reports by the AAUAP Early Intervention Training Initiative Group (1989), the National Early Childhood Technical Assistance System (1989, 1993, 1995), DEC (1988, 1994), and the Carolina Institute for Child and Family Policy (1989).

The need to address shortages of personnel to work with the birth to three population is embedded in the Part H requirement. Each participating state must formulate a Comprehensive System for Personnel Development (CSPD). Several policy analysts have emphasized the key role of inservice training in state-based

personnel preparation systems (Gallagher & Shields, 1990; Winton, 1990; McCollum & Bailey, 1991). Higher education faculty can play an extremely important role in addressing shortages of early intervention personnel through greater involvement in inservice training. Clear patterns of leadership, resource coordination, and innovation have not yet emerged in this area among higher education faculty. One reason is that faculty themselves need training, technical assistance services, collegial support, and incentives in order to become more involved in birth-to-three training.

In Colorado, the Interagency Coordinating Council's Personnel Preparation Technical Assistance Group, in cooperation with the JFK-UAP's Faculty Institute for Training project, conducted a survey of all training programs at junior college, community college, 4-year college, and graduate program levels within the state of Colorado across all disciplines who might work with or have contact with infants and toddlers with developmental disabilities. Results of this survey indicated a severe shortage of courses and specialization programs, across all disciplines, regarding infants and toddlers with developmental disabilities. The 62 responding faculty reported few opportunities in their programs for interdisciplinary training and a severe lack of mechanisms for interdepartmental collaboration. Less than 20% of the responding faculty reported courses or practica experiences in which their students have access/exposure to other disciplines. A large majority of the respondents reported few personal or material resources for developing programs regarding birth-to-three "high risk" children. Resource identification, networking and consultation, curriculum assistance, information about community programs, practicum assistance, and retraining in current best practices in early intervention were prioritized as the most needed technical assistance services. In terms of content areas, faculty reported an equally high interest in discipline-specific technical competencies and cross-disciplinary topics such as cultural diversity, IFSP's, and family-centered approaches. While these data focused primarily on faculty preservice teaching activities,

many of the same issues may effect faculty, perhaps to a greater extent, in their efforts to conduct inservice training activities.

Successful methodologies and resources which were developed-and the lessons we have learned regarding growth and change within higher education-provide the foundation upon which the current project was developed. The provision of training and technical assistance (TA) to faculty on a regional basis to improve local personnel preparation systems has been the major focus of this project. A decentralized approach was used in which planning teams (comprised of faculty, Part H administrators, families, and other state leaders in early intervention) were formed in each state and jurisdiction to make decisions about the type and content of training and TA they received.

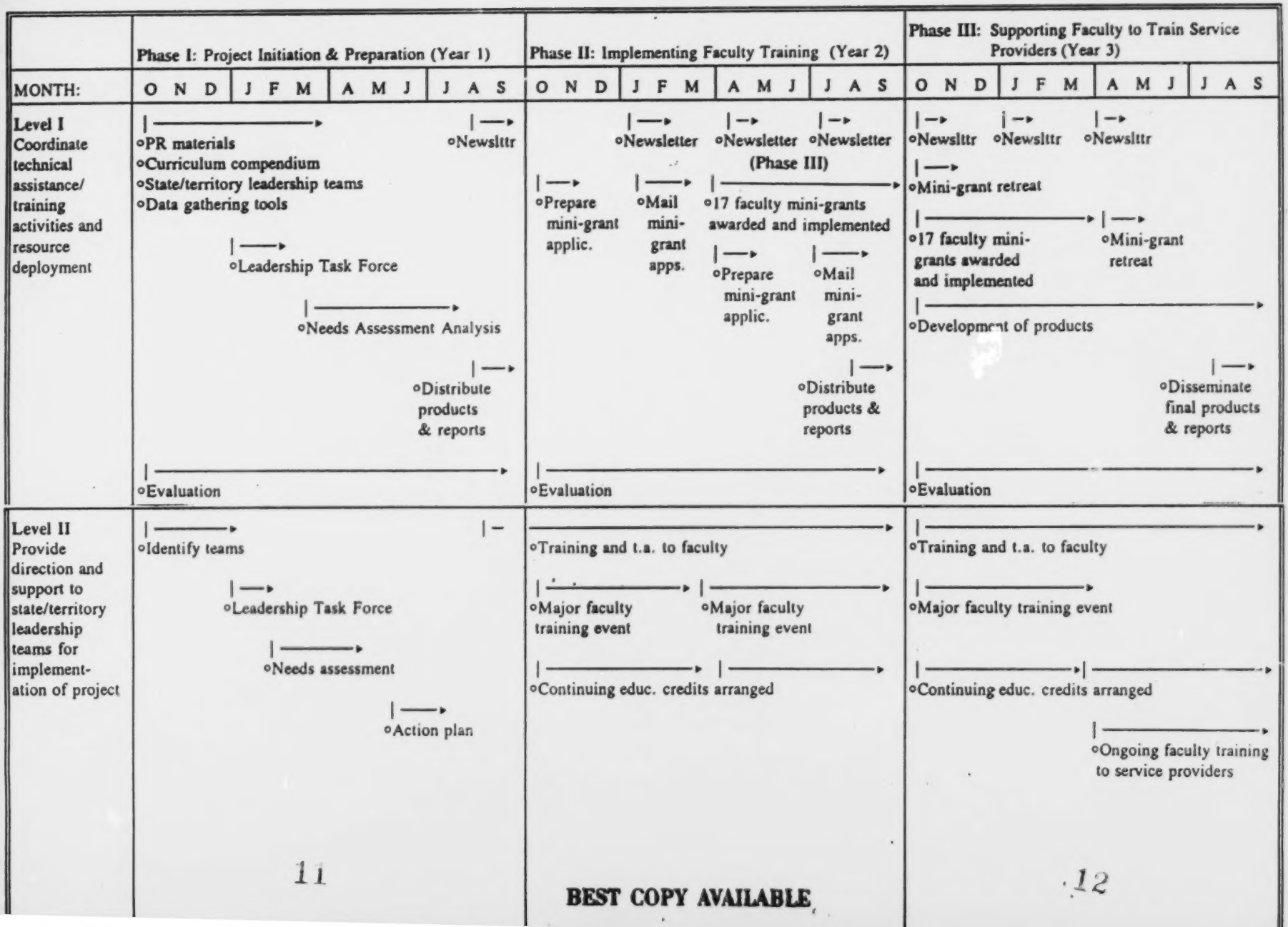
VI. Description of Model

Overview

The project was divided into two levels of administration and coordination designed to catalyze increased involvement of higher education faculty in early intervention personnel preparation. Level I included a centralized set of technical assistance services, resources and training materials provided by core project staff and consultants. Level II comprised of activities necessary to guide, support and monitor individual state/jurisdiction planning teams. These two levels assisted in delineating the role of the regional project at various phases within the three years of the project. The matrix on the following page (see Figure 1) illustrates the relationship of each level and activities within each level.

The WRFIT project provided faculty with leadership training, access to teaching information and resources, support for local planning and collaboration, technical assistance services, and incentives for innovation. WRFIT activities were based on current principles of successful adult learning and on the widely held early intervention values of family-centered approaches, teaming and collaboration at multiple levels, and community-based options

Figure 1



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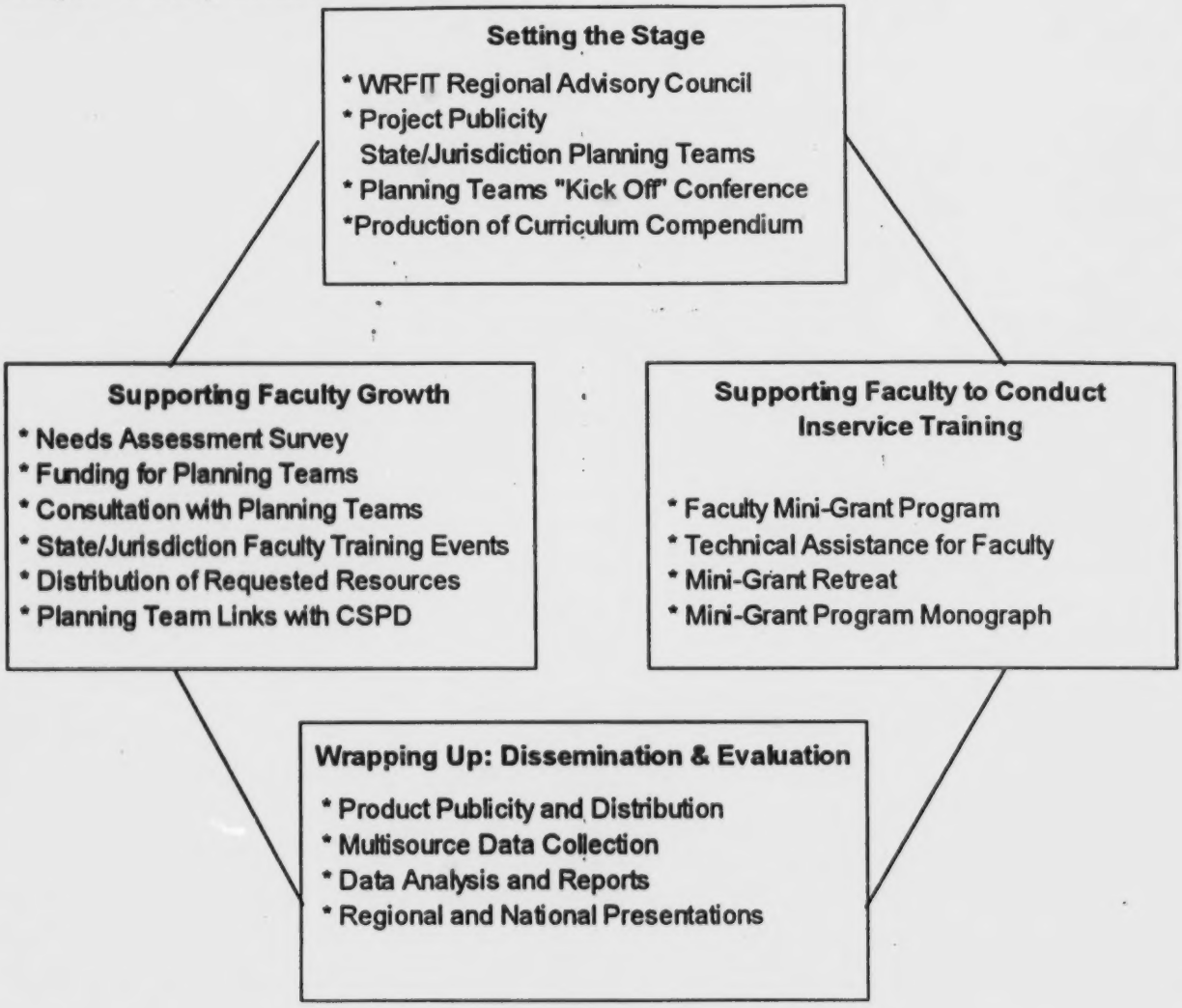
for infants/toddlers and their families. WRFIT methods and resources were designed to foster training activities in each state and jurisdiction based on locally identified priorities. State/Jurisdiction Planning Teams developed and conducted training events for faculty with assistance from the WRFIT project. Mini-grants distributed across the region enabled faculty to pilot new ways to teach and train early intervention service providers. The successful outcomes of the WRFIT are attributable to the collective efforts of hundreds of faculty, family members, service providers, administrators, and early childhood advocates across the western states and jurisdictions.

Major Components of WRFIT

The project was divided into four major components as described in the following figure. Within each component, a series of activities occurred which facilitated the completion of the goals of the project. The activities are listed under each of the major components.

One of the major activities of the project was the formation of Planning Teams from each of the 13 states and 4 jurisdictions. A total of 109 faculty, family members, state department personnel (Part H, Part B, Training Coordinators, and CSPD staff), and UAP personnel created planning teams to increase the capacity of faculty in early intervention. Each state and jurisdiction conducted one or more training events for a total of 36 events throughout the western region. (See chart of following page.) These events included Summer Institutes, retreats and seminars, faculty forums, workshops, and conferences. Approximately 2425 faculty attended these events and were able to gain new knowledge and skills in early intervention, network with one another, swap ideas and strategies, access new resources, develop relationships with faculty from disciplines other than their own, and establish links with family members in their state and local communities. The table on the following page summarizes the focus of each Planning Team from the 13 states and 4 jurisdiction.

Major Components of WRFIT


Setting the Stage
* WRFIT Regional Advisory Council
* Project Publicity
State/Jurisdiction Planning Teams
* Planning Teams "Kick Off" Conference
*Production of Curriculum Compendium
Supporting Faculty Growth
* Needs Assessment Survey
* Funding for Planning Teams
* Consultation with Planning Teams
* State/Jurisdiction Faculty Training Events
* Distribution of Requested Resources
* Planning Team Links with CSPD
Supporting Faculty to Conduct Inservice Training
* Faculty Mini-Grant Program
* Technical Assistance for Faculty
* Mini-Grant Retreat
* Mini-Grant Program Monograph
Wrapping Up: Dissemination & Evaluation
* Product Publicity and Distribution
* Multisource Data Collection
* Data Analysis and Reports
* Regional and National Presentations

TRAINING EVENTS THAT HAVE OCCURRED IN THE WESTERN REGION

STATES	TRAINING EVENT TITLE	DATE OF EVENT	#'s	COMMENTS
Alaska	Supporting Partnership from Intake to Intervention: Family Centered Services (Lisbeth Vincent)	10-21-93	30	operationalized ways to provide family-centered services; multiple disciplines of faculty and service providers attended, plus parents
	Pathways (Larry Edelman)	2-2-94	22	special education, psychology, early childhood special education, education, child development, early childhood education, PT, social work, speech/language pathology, OT, nursing
	Interdisciplinary Faculty Seminar	Summer 1995	10	
Arizona	"Early Intervention for Children and Families: An Orientation for Higher Ed. Faculty"	4-15-94	10	Mini-course on EI, attended by special ed, ECE, parent advocates, education, nursing, speech/language pathology
	Faculty Seminar	Fall 1995	20	
California	"Mentorship Symposium"	1-21-94	200	Statewide--LICAs (Local Interagency Council Administration) Teams of service providers, parent support group leaders, early interventionists, therapists, medical personnel, faculty (all disc.)

STATES	TRAINING EVENT TITLE	DATE OF EVENT	#'s	COMMENTS
Colorado	Parent-Professional Partnerships in Health Care	2-15-94	40	medicine, nursing, and allied health fields were represented along with parents
	Faculty and Families Working Together	9-2-94	18	panel of parents and professionals shared what made a difference
	Institutions of Higher Ed. Consortium	12-12-95	30	
Guam	Family and Parent Training	Fall 1995	50	
	Medical Symposium	Fall 1995	50	
	Child Care Providers Conference		225	All disciplines
Hawaii and Jurisdictions	"Early Intervention Faculty Forum"	8-10-93 to 8-12-93	44	Special Ed., Speech, Parents, Early Childhood Nursing, Social Work
Hawaii	Using Inclusion Themes in Provider Training	11-8-94	74	
	Infant Mental Health	Fall 1995	>100	
Idaho	Early Identification in Early Intervention	8-19-94	120	a series of trainings have occurred through the State Employee Orientation System

STATES	TRAINING EVENT TITLE	DATE OF EVENT	#'s	COMMENTS
Nevada	"Networking"	4-22-94	15	Presented info on parents' issues and EI programs available in Northern Nevada. Attended by nursing, nutrition, ECE, Sp. Ed, psychology, engineering, social work, parent advocates, counseling and ed psych, family studies and human development
	Behavior Management	9-21-95 and 9-22-95	78	SLP, Dieticians, Child Dev. Specialists, Spanish Interpreter, OT, PT, Psy, Public Service Interns, Mental Health, Social Workers, Parents, Prog. Managers
	Nevada State Conference of the Young Child	11-3-95 to 11-4-95	>700	
New Mexico	Focus Group Meeting: Planning for fall faculty training	3-4-94	12	Attended by: Audiology, ECE, Family Studies, Nursing, Nutrition, OT, Medicine, School Psychology, Social Work, Spec. Ed, Speech Pathology, PT
	Family Centered Care and Innovative Training Methods	8-31-94	15	Speech and language, ECE, EC Sp. Ed, Family Studies, nursing professionals attended. Case study method of instruction was presented.
	New Mexico Networking	9-95	10	

STATES	TRAINING EVENT TITLE	DATE OF EVENT	#'s	COMMENTS
Oregon	Personnel Prep to define multidisciplinary competencies for OR related to 99-457	10-7-93	15	E.C. and Spec. Ed. faculty OSSHE, RAP, TSPC, OAEYC, DEC, ODE - EC and Spec Ed, 6 teams of EC providers, parents
	EI/ECSE Higher Education Consortium	3-14-95	20	National perspective on personnel preparation and create next steps for individual disciplines and the state EI/EC Planning Team. Faculty from all major universities, DEC, ODE-EC, related service providers, parents.
Utah	Seminar for faculty: Higher Ed. CSPD Collaboration	6-23-95	18	
	Seminar 'Cont.'	10-26-95	20	
Washington	Faculty Seminar Early Intervention Personnel Prep (Marci Hansen)	11-19-93	125	college/univ faculty, specialized training, parents who provided training, all interested others in 0-3 issues and cross cultural issues
	Early Intervention Summit	9-15-95	50	families, providers, faculty from multiple disciplines
Jurisdictions	"Pacific Basin Early Identification and Assessment"	9-15-94 to 9-19-94	85	Representing various disciplines: Early Childhood Special Ed, Nursing, Medicine (physicians), Physical Therapy, Nutrition, Parents, Early Childhood, Social Work

STATES	TRAINING EVENT TITLE	DATE OF EVENT	#'s	COMMENTS
American Samoa	"Making Connections for Children and Families in American Samoa: Effective Interagency Collaboration Practice for 0-5 Programs"	9-8-94 to 9-9-94	20	multiple disciplines plus parents
	"Bridging the Gap"	3-21-94	25-30	multiple disciplines plus parents
	Leadership Building	9-95	25	multiple agencies
Palau	Child Find: Interagency Focus	3-95	30	
	Program Planning: Interagency Focus	8-95	30	
Across States/ Jurisdictions	Task Force Meeting	3-7-93	45	
	Mini-Grant Retreat	3-11-95	44	
TOTALS	**36 training events**		**approximately 2425 individuals**	

Summary of Focus for Each State And Jurisdiction Planning Team	
State/Jurisdiction	**Focus**
American Samoa	* Effective practices for interagency collaboration for birth-to-six programs.
Alaska	* Family-centered services in early intervention. * Interdisciplinary teaming with faculty from institutions of higher education.
Arizona	* Infusion of early intervention in early childhood education programs in community colleges.
California	* Mentorship as a mechanism to build capacity in personnel preparation.
Colorado	* Family-centered practices for health care and medical personnel.
Guam	* Inclusion of children with disabilities into child care centers.
Hawaii	* Infusion of early intervention content in community colleges through increasing the knowledge and resources of faculty.
Idaho	* Skill building for community-based teams to support medically fragile infants, toddlers, and their families. * Training of paraprofessionals involved with early intervention services.
Montana	* Outreach to nursing faculty, public health nurses, and early childhood educators to increase knowledge and skills in early intervention.
Nevada	* Involvement with early intervention training of other disciplines, beyond early childhood education.
New Mexico	* Certification in early intervention through the attainment of birth-to-three competencies. * Inclusion and family-centered care in early intervention .
Northern Marianas	* Preservice training of early intervention service providers who can serve as leaders in early intervention.
Oregon	* Higher education consortium to develop statewide early intervention competencies and endorsement for personnel.
Palau	* Interagency collaboration in child find and service delivery.
Utah	* Development of a model for higher education and CSPD collaboration.
Washington	* Cross-cultural competence and family-centered care in preservice and inservice training.
Wyoming	* Establishment of a resource center for early intervention faculty emphasizing assessment instruments and processes.

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Another major activity of the project was the Mini-Grant Retreat conducted in Denver, Colorado. This event gave the 34 mini-grant recipients an opportunity to show-off their accomplishments, network with one another, and gather new ideas for exemplary teaching practices with a focus on birth-to-three content. Much excitement was generated as faculty shared their inservice training accomplishments through poster displays, videotapes, training curricula, and interactive learning activities. The figure on the next page displays the inservice training events which were conducted via the mini-grant program.

VII. Methodological or Logistical Problems

During the three years of the project, there were little or no problems which had to be resolved. One minor departure from the original plan occurred in the third year of the project. Originally, project staff planned to conduct two separate Mini-Grant Retreats for faculty who received mini-grants in Round 1 and Round 2. Instead, we chose to invite all recipients to one retreat in order to create an event which included more ideas, increased networking and greater utilization of funding. The Mini-Grant Retreat was highly successful as is reflected in the evaluation data attached to this report.

One change occurred in project staff. Our project evaluator found full-time employment and left after 2 years with the project. We hired a replacement, Michael Peacock, who has proven to be efficient and knowledgable. All other staff have been maintained and actively involved with the project for the entire 3 years.

VIII. Evaluation Findings

The accomplishment of the project's goals and objectives were carefully evaluated throughout the duration of this project. The WRFIT project was evaluated on two levels: the outcomes of the personnel preparation training project and the processes by which these outcomes were achieved. The evaluation plan developed in the

Western Region Faculty Institute for Training
Mini-Grant Program

"Culturally Relevant [illegible] Materials and Activities for Infants and Toddlers"

"Watching and Reflecting: The Role of Observation and Documentation in the Development of Early Childhood Curriculum"

"Providing Competency Training to Early Intervention Staff, Students and Parents of FAS/FAE Children"

"A Collaboration Project: Mexican Migrant Families and Early Childhood Educators"

"Facilitating Parent/Teacher Understanding of Therapy (Support Staff) Assessment Results"

"Medication Management Training Program"

"Learning the Language of the 0-3 Year Old"

"Idaho Infant and Toddler Training Project"

"Developing a Family-Centered Inservice Program for Reservation Communities"

"Creating Family Support Linkages"

"Implementation of a Developmentally-Oriented, Family Centered, Interdisciplinary Infant/Toddler Assessment Team in Wyoming"

"Guam Caregivers Training Institute Focus on Early Intervention"

"Guam Early Identification and Assessment Process"

"Family Centered Care In Pediatric Training"

"Developing Cross-Cultural Competence in Service Providers Working with Handicapped Infants/Toddlers and Their Families"

"Communication Screening/Enhancement Workshop"

"Enhancing EFNEP Training Related to Young Children"

"Northern Marianas Islands Early Intervention Practicum"

Pacific Jurisdictions

"Republic of Palau, Early Intervention Inservice Training, Phase I and Phase II"

"Screening for Speech/Language-Hearing Development: Training for State-Community"

"Language Stimulation Training for Parents and Teachers"

"Samoa Birth-to-Five Language Program"

"Samoa Early Intervention Intern[illegible] Program"

"Family/Faculty Network"

"Young Children: Family Child Care Training"

"Young Children and Autism"

"Nevada Early Development Training Project"

"Best Practices Institute"

[illegible] Support Video Lending Library"

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original grant proposal has been followed throughout the three years of the project. That plan is attached on the following page. Data from four major components of the project are particularly useful in reporting outcomes of the WRFIT and include demographic data about faculty who received training, Year 3 Summary of Planning Team processes and outcomes, mini-grant projects and Mini-Grant Retreat.

Demographic Data

Basic demographic data was collected from faculty and other early intervention leaders who received training which was supported by the state or jurisdiction planning team. That information was compiled and is attached to this report.

In summary, 82% of the total respondents are white and the remainder (18%) are non-white. Thus, in relationship to the changing demographics in the United States, a disproportionate number of trainers are of a different ethnic background than the children and families which they serve. 32% of the respondents work in a university, 11% work in a community college, 30% work in a state agency, 10% work in a community agency and 16% reported in the "other" category.

Some of the more interesting information in the summary of this demographic data includes the formal degrees which faculty and other leaders in early intervention reported. For example, over 50% of the respondents reported that they do <u>not</u> have a formal degree which focused on working with children with disabilities birth to three years old. Thus, with this demographic survey which encompassed 13 states and 4 jurisdictions, the majority of faculty and other leaders in early intervention had no formal preservice training in this specialty area. Of those who had no formal training, 78% reported that they completed later personnel preparation via inservice training in birth to three; 22% stated they had no additional inservice training. Obviously, there continues to be a dearth of individuals conducting birth to three training who have appropriate credentials.

Table 3
Evaluation Plan

Goals	Evaluation Questions	Responsible Staff	Evaluation Measures/Procedures	How Measures Assessed	Data Collection Timeline		
					Year 1 ONDJFMAMJJAS	Year 2 ONDJFMAMJJAS	Year 3 ONDJFMAMJJAS
Goal 1: To establish an accessible, regionally based system of training and technical assistance for higher education faculty which increases their capacity to conduct inservice training in early intervention.	To what extent do the materials/resources address the needs of faculty?	Project Staff	Faculty Evaluations	Analyze results	• •	• •	• •
			Needs Assessments Written materials	Compare needs data to content of written materials	• • •	• • •	• • •
			Leadership team feedback	Analyze feedback	• •	• •	• •
	How well do training materials/ curricula support discipline-specific, as well as interdisciplinary content, including parent-professional partnerships?	Project Staff Consultants	Written materials, including curriculum compendium	Analyze content of materials	• •	• •	• • •
	To what extent were materials produced that enabled replication of the procedures and/or models?	Project Staff	Written materials	Analyze content Number disseminated	• •	• •	• • •
			Leadership team feedback (oral and written reports)	Analyze feedback	• •	• •	• •
	To what extent do the materials/ resources convey cultural, linguistic, and economic diversity?	Project Staff Consultants	Written materials, including curriculum compendium	Analyze content of materials	• •	• •	• •
	Was a representative cadre of consultants established?	Management Team	Roster of consultants	Review disciplines and agencies represented	• •	•	•
	To what extent did consultants provide input into the development of training materials and curricula?	Management Team	List of consultants who provided information	Review list	• •	•	•
			Written materials	Tabulate sections written by consultants	• •	•	•

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Goals	Evaluation Questions	Responsible Staff	Evaluation Measures/Procedures	How Measures Assessed	Data Collection Timeline		
					Year 1 ONDJFMAMJJAS	Year 2 ONDJFMAMJJAS	Year 3 ONDJFMAMJJAS
Goal 2: To establish and support state/territory based faculty leadership teams who will conduct needs assessment, faculty training, and other personnel preparation coordinating activities	How well do leadership teams support collaborative efforts in their state territory?	Project Staff	Leadership Team contact logs	Analyze contact logs	•	•	•
			End of Year Reports	Analyze reports	•	•	•
			JFK Monograph Series	Review monograph			
			On-Site consultation and written report	Review written report	•	• •	• •
	How satisfied were leadership teams and faculty with materials provided to assist in the development, implementation and evaluation of training processes?	Project Staff	Leadership Team questionnaire	Analyze results Percent satisfied	•	•	•
	How satisfied were leadership teams with the follow-up and technical assistance provided by project staff?	Project Staff	Leadership Team questionnaire	Analyze results Percent satisfied	•	•	•
	How successful was recruitment and maintenance of leadership teams?	Project Staff	Documentation of teams: members and locations	Number of teams formed initially	• •	•	•
				Number of teams at end of 3rd Year			
	To what extent did training occur for faculty?	Project Staff	List of faculty participants	Review list	• •	• •	• •
			List of training events	Number of training events	•	• •	• •
	How well were family-centered principles, collaborative teaming, cultural sensitivity and competence, and community-based approach infused into the training events?	Project Staff	Presentation materials	Analyze materials	•	• •	• • •
			Roster of presenters	Review diversity of presenters		• •	• • •
			Participant evaluations	Analyze results		• •	• • •

Goals	Evaluation Questions	Responsible Staff	Evaluation Measures/Procedures	How Measures Assessed	Data Collection Timeline		
					Year 1 ONDJFMAMJJAS	Year 2 ONDJFMAMJJAS	Year 3 ONDJFMAMJJAS
	What was the level of satisfaction indicated by faculty and service providers receiving training?	Project Staff	Participant (faculty and service provider) evaluations	Analyze results Percent satisfied		• •	• • •
Goal 3: To increase faculty involvement in inservice training activities which are innovative, coordinated with Part H leadership planning and consistent with continuing education systems and certification standards in the states/ territories of the western region.	To what extent did training occur for service providers?	Project Staff	List of service provider participants	Review list		• •	• • •
			List of training events, including mini-grant awards	Number of training events		• •	• • •
	To what extent did faculty receive information about innovative projects?	Project Staff	Roster of participants at mini-grant retreat	Number handouts disseminated			• •
	What was the level of faculty participation in the mini-grant program?	Management Team	List of mini-grant applicants	Number of faculty applying for mini-grant		•	•
			List of awarded grants	Number of faculty receiving awards		•	•
			Roster of faculty at retreat by discipline and geographic region	Number of faculty attending retreat			• •
				Analyze diversity of disciplines represented			• •

Goals	Evaluation Questions	Responsible Staff	Evaluation Measures/Procedures	How Measures Assessed	Data Collection Timeline		
					Year 1 ONDJFMAMJJAS	Year 2 ONDJFMAMJJAS	Year 3 ONDJFMAMJJAS
Goal 4: To evaluate the project's activities and outcomes with emphasis on assessing the value of project products and extent of project's impact on faculty leadership teams, faculty "trainees," service providers, and professional licensing and accreditation agencies.	To what extent were materials and curricula evaluated?	Management Team	Feedback from project staff and consultants.	Number of comments/modifications	•	•	•
			Participant (faculty and service provider) evaluations	Analyze results			
			Advisory Council feedback	Review comments			
	What type and how many products and materials were developed?	Project Staff	List of F.I.T. resources	Number of resources	•	•	•
				Type of resources			
	How many service providers received continuing education or recertification credits and/or credit applied towards licensure?	Project Staff	List of participants receiving credit	Number of participants receiving credit		• •	• •
	How well was the project's management plan followed?	Project Co-Directors	Management Plan	Review management plan	• •	• •	• •
Goal 5: To disseminate key findings and products of the project to stakeholders in emerging early intervention services and systems both regionally and nationally.	What was the level of faculty and Advisory Council participation at the "Early Intervention Leadership Task Force" institute?	Project Staff	Roster of faculty in attendance	Number of faculty	•		
			Roster of Advisory Council members	Number of members	•		
			Agenda for institute	Review activities/ presentations	•		
	To what extent did faculty and other stakeholders receive information about innovative projects and products?	Project Staff	Written materials	Number disseminated	• •	• •	• • •
			Leadership team feedback (oral and written)	Analyze feedback	• •	• •	• •

Goals	Evaluation Questions	Responsible Staff	Evaluation Measures/Procedures	How Measures Assessed	Data Collection Timeline		
					Year 1 ONDJFMAMJJAS	Year 2 ONDJFMAMJJAS	Year 3 ONDJFMAMJJAS
	How well was the project's dissemination plan implemented?	Project Co-Directors	Final reports, documents, & JFK monograph series	Analyze contacts, distribution of materials, presentations, and publications	•	•	•

Year Three Summary of Planning Teams

Toward the end of the third year of the project, summative information was gathered from planning team members to determine the effects of the project and the outcomes experienced by states and jurisdictions. Staff members held telephone interviews with liaisons from each of the state/jurisdiction Planning Teams. The interviews were designed to gather information about the team's progress, accomplishments and key factors which may have contributed to or impeded progress. As indicated on the following table, responses on a 5-point Likert scale (1=most negative and 5=most positive) to seven questions were rated by the participants. The rating provided represents the mean for the 17 responses received. The question which got the highest rating was the support which planning teams received from WRFIT. Of the seven questions, the two related to progress toward reaching all of their objectives was rated lowest. It seems that the three years was a limited amount of time to truely effect systems change within higher education. However, planning team members obviously felt that they made substantial progress toward their goals. In addition, several open-ended topics were discussed with team representatives during the telephone survey. These questions were as follows:

1. What motivates faculty in your state/jurisdiction to do birth to three preservice and inservice training?

2. Over the last 3 years, were you able to leverage funding or resources from other organizations, grants or projects? If so, who did you receive it from, how much did you receive, and what sort of resources did you receive?

3. Have your team efforts, combined with WRFIT's, impacted the quality or quantity of faculty involvement in birth to three preservice or inservice in your state/jurisdiction?

4. What else needs to be done to increase facutly involvement in birth to three preservice or inservice training in your state/jurisdiction?

Generally, faculty reported that a need exists and they are committed to responding to that need. The provision of resources,

TABLE

N = 17

Interview Questions	Rating
1. How much progress do you feel that the planning team made toward reaching all of your objectives?	3.8
2. How satisfied are you with this amount of progress?	3.8
3. Please rate your Team Functioning. How well did your team function in terms of cooperation, interests, organization, and leadership?	3.9
4. Please rate the state/jurisdiction climate with respect to your team goals and objectives. For example, how did state/jurisdiction goals mesh with the team's goals? Was there interest or support on the state level?	4.4
5. Please rate the support you received from WRFIT. Was it on target, easily accessible, and given in a timely manner? Did it contribute to your progress?	4.6
6. Please rate the team's objectives. Were they clear, easy to accomplish, supported by team members? Were they relevant to your goals? Were they seen as important by team members?	3.9
7. Please rate the resources that were available to you. Were resources readily available and sufficient?	4.0

including both funding and materials, is helpful in motivating faculty to teach birth to three. One of the biggest deterrents expressed was the lack of time to do the work. All of the Planning Teams reported the ability to leverage additional funding, staff time and materials for their WRFIT-related activities. This outcome was particularly noteworthy as facutly continue to increase birth to three training efforts. Almost all of the faculty reported a moderate-to-high impact in their state/jurisdiction. The type of impact varied according to the major goals of each state and jurisdiction. Many ideas were shared in response to the last question related to what else needs to be done. Examples of responses included greater committment for lead agency involvement in preservice and inservice personnel preparation; improved training techniques which address adult learning and technology; reduction of fragmentation within systems; increased education within early childhood, childcare and community colleges; broaded disciplines involved beyond those which typically teach birth-to-three, and increased resources and information for faculty. All of the responses to these four questions are attached to this report.

Mini-Grant Projects

One of the major, successful efforts of the WRFIT project was to conduct a mini-grant program which offered the opportunity for faculty to apply for a mini-grant to conduct inservice training with service providers currently working in the area of early intervention. The thirty-four projects which were funded and states who received the mini-grants are located on the following page. The Director of each mini-grant included the following information in his/her final report:

* A description of the content of the training, the participants who received the training and what they learned
* A description of what <u>you</u> learned as the trainer.
* A description of future implications for you: Where do you go from here?
* A compilation and interpretation of evaluation data which you gathered.

A compilation of their responses is attached to this report. WRFIT staff were pleased with the results of the mini-grant projects and believe that this was a major success to increase the quality and quantity of faculty who are and will be providing inservice training.

Mini-Grant Retreat

Recipients of the 34 mini-grants attended a two-day faculty retreat held in Denver, Colorado. Evaluation results of the Mini-Grant Retreat are attached to this report. As indicated in those results, participants were extremely satisfied with the Retreat and felt it to be highly useful and applicable to their teaching activities.

Additional Outcomes

The WRFIT influenced state/jurisdiction personnel preparation in numerous unexpected ways. Several Planning Teams were able to leverage additional resources in the form of funding, materials, and faculty time to plan and conduct activities. Many Planning Teams and mini-grant projects developed extensive training packets, curricula, and audio-visual materials in early intervention. A sample of such products includes:

- A model medication management education program for parents, child-care providers, and interdisciplinary early intervention team members.

- A workshop module for teaching professionals how to use observation and documentation in more in-depth ways.

- An instructional videotape regarding the characteristics of children under three years of age who have autism titled, "But He Knows His Colors."

- A training video regarding family-centered approaches to early intervention as applicable to American Indian reservation communities.

- A training module for nutritionists and family home visitors working in a cooperative extension EFNEP program.

IX. Project Impact

Products and Publications

WRFIT developed several original products, as listed below, in the area of early childhood personnel preparation. Several of the products are available as publications through the University Affiliated Program of Colorado.

* **The WRFIT Curriculum Compendium**-an extensive review of 29 recommended early intervention training curricula.

* **Key Challenges and Strategies for Early Intervention Faculty Development**-strategic report summarizing what the WRFIT has learned about increasing faculty involvement in early intervention.

* **Understanding the Intent and Implications of Public Law 102-119, Part H**-a comprehensive outline about the early intervention movement and legislation with sections on history, concepts, and processes.

* **Stimulating Techniques for Early Intervention Teaching/Training**-a packet of fun, interactive learning activities for training in early intervention.

* **Recommendations for Faculty Who Teach/Train about Early Intervention**-a position paper with guidelines and rationale.

* **Applying the Many Meanings of Inclusion to Early Childhood Faculty Development and Personnel Preparation**-paper addressing the concept of inclusion and explicating how the many meanings of the term can be applied to early intervention training.

* **Update and Quicknotes for Faculty Regarding Part H and the Challenges of Early Childhood Personnel Preparation**-brief policy paper relating history of Part H to current teaching/training challenges facing higher education.

* **Medically Fragile Infants and Toddlers: An Interdisciplinary Training Curriculum**-a comprehensive curriculum and package of materials for training in special health care and developmental needs of infants/toddlers and their families.

***Early Intervention Institutions of Higher Education Executive Summary**-compilation of data and lessons learned from 4 regional projects funded to increase the capacity of institutions of higher education to include early intervention in their preservice and inservice training efforts.

These products can be obtained from WRFIT Co-Directors Hal Lewis (303-270-6504; Hal.Lewis@UCHSC.edu or Linda Flynn (502-745-

4615; Linda.Flynn@WKU.edu)). Our fax number is 303-270-6844. Our World Wide Web page can be accessed at "http:/www.UCHSC.edu/uh/jfk/wrfit/index.html"

Dissemination Activities

Products and publications listed above were disseminated to over 150 individuals through special requests received by WRFIT. Currently, requests are still being met. In addition, a newsletter was sent bi-annually to over 2000 faculty, service providers, administrators, state department personnel and family members in the western region of the United States. Materials were distributed at numerous conference presentations to over 500 individuals during the three years of the project. Those conferences include:

*Division for Early Childhood (DEC) of the Council for Exceptional Children
*Pacific Rim Conference
*The Association for Persons with Severe Disabilities (TASH)
*Partnerships in Progress
*Colorado ABC Conference
*Young Adult Institute

Each of the 13 states and 4 jurisdictions distributed brochures and information packets about the project during their faculty training events. A total of 36 training events were conducted with at least 2425 individuals receiving information about WRFIT.

Implications of Findings

The findings of the WRFIT project had numerous implications for working with higher education faculty in early intervention. Those implications and key recommendations are listed below:

1. Provide incentives and rewards to stimulate faculty involvement (e.g., seed money, release time, mini-grants, public recognition, and funds for training materials, guest speakers, and transportation costs).

2. Increase the level of faculty motivation and involvement by promoting faculty participation in planning and decision making about activities that occur within their states/jurisdictions.

3. Provide faculty with access to resources and information including comprehensive and innovative materials and curricula, advocacy groups, and information from the state system such as CSPD.

4. Facilitate regular, ongoing networking among faculty to develop relationships and create future plans.

5. Support faculty involvement in community-based programs through the provision of research opportunities and practicum sites.

6. Improve mechanisms to increase faculty knowledge and training about early intervention.

7. Encourage collaboration among faculty, family members, and service providers to increase knowledge about mutually-desired outcomes in their state/jurisdiction.

8. Early childhood advocates should be more active in bringing information about purposes, processes, and outcomes of early intervention to higher education faculty.

9. Program and policy planners should more frequently solicit the expertise of faculty.

10. Form research consortiums among faculty, service providers, program planners, and advocates to coordinate resources needed to conduct research.

11. Provide faculty with easier, more organized access to the human resources which can support expansion of early intervention training.

12. Encourage faculty to make broader use of parents as instructors in their training programs.

X. Future Activities

Because of the successful implementation of the WRFIT project, Project Directors submitted a WRFIT Outreach grant proposal to OSERS. It was approved for funding and is currently being implemented. The major components of the Outreach project were chosen on the basis of past success with the original WRFIT project and include: (1) ongoing working liaison with a UAP-based state/jurisdiction contact person who will assist with local training needs assessment, identification of faculty participants,

dissemination of information and training resources, facilitation of faculty training experiences, and follow-up regarding changes in faculty training activities; (2) provision of an intensive three-day training retreat including training in early intervention content areas as well as best practices and optimum techniques in adult learning and inservice training; (3) an array of incentives and supports for ongoing faculty capacity building and involvement in community-based training; (4) an active mini-grant program which allows faculty in states and jurisdictions to implement and evaluate innovative training projects, and (5) intervention information which will support faculty development and involvement in the early intervention field. These resources and services have been planned in close collaboration with state and jurisdiction leaders representing major stakeholder groups in early intervention.

XI. Assurance Statement

The final report has been sent to ERIC and copies of the title page and abstract have been sent to the addresses attached to the final report instructions.

Mini-Grant Projects

WRFIT MINI-GRANT FINAL REPORTS

WHAT PARTICIPANTS LEARNED:

- How to identify and respond to infant cues.
- Which services are available to rural Alaskans.
- Identification and referral of children with differing needs.
- Referral of families with special needs:
    - Premature baby
    - Developmental delays - FAS/FAE
    - Ear infections
    - Speech and language problems
- All about breastfeeding.
- About prenatal care for natives compared to non-natives.
- Using the ecological viewpoint.

Participants learned to:

- Use audio taping to identify children's interest areas.
- Use transcripts to identify ways to use children's conversation to inform them about curriculum.
- Use observation for creation of children's portfolios.
- Use videotaping and transcripts as a way to reflect on teaching

About Observation:

- Time to meet and collaborate for purposes of brainstorming is invaluable.
- Teaching can be fun when there is more depth to observing.

Documentation is a way of communicating to others what we do with young children while describing what we know about how young children learn.

- Students attended a four-hour workshop conducted by the physical and occupational therapists regarding such topics as normal development, types of disabilities, muscle tone, positioning, etc.
- Students reported that they are less scared now of people with disabilities.
- Typically developing children "aren't afraid to play with children with disabilities."
- Children with disabilities like to play with other kids.
- School lunches are not nutritional.
- Service providers should be more sensitive to families during the IEP meetings.

Through this program, our trainee teachers realized the need for bilingual/bicultural teaching at the preschool level. The native language need not be eliminated, but together with English, in a simple and meaningful style, the native language is enhanced by one's knowledge of the second language. Our parents have reported a noticeable increase in language skills at home.

The participants at best practices learned about working with children with special needs and their families. They learned about language development in children, communicating with parents, medical issues with children with special needs, attention deficit disorder and behavior concerns. According to their evaluations, they learned that there are people available to answer their questions so they don't need to be afraid to work with children with special needs. There is help available.

There were six distinct sessions that covered areas such as:

- Cultural sensitivity
- Advocacy for my child
- Support and coping
- Behavior management: Appropriate expectations
- Hyperactivity and allergies
- Learning from parents

The program was a success in that relationships and personal experiences were utilized as methods of teaching and were the most successful. The videotaping component was the least satisfying for everyone. The logistics interfered with completion of the task and the video was not useful to the residents. Most of the residents felt that experience was more beneficial in medical school and most had it done then. The lunch with faculty was appreciated and the exchange of ideas was lively, especially when personal. The home visit was the most successful component of the program and did give the residents the opportunity to experience life with families and children with special needs.

Participants learned that there are culture-bound assumptions about the family structures, child-rearing, beliefs about health, helping, and healing which are often communicated indirectly by parents during their first contact with early intervention service providers. In addition, often there are unrecognized culture-bound assumptions embedded in the helping process used by early intervention service providers (who themselves are often from the majority culture) which may profoundly affect the degree of trust and comfort parents feel toward services providers and organizations working with their child. Parents of special needs children who participated in the workshop shared several stories of their experiences with EI providers which demonstrated examples of both congruence and lack of congruence between parents' and professionals' assumptions about the helping process.

Parents found the workshop relevant in understanding their children's language development. Parents become more knowledgeable about the communication assessment process. Parents gained information about their child's communicative strengths and needs.

Through this project, the 17 Community Educators learned about the importance of developmental markers in establishing the need for special care, were sensitized to the needs of children with disabilities, learned about the services available to such children, and learned how to help parents access appropriate services. They learned about their own role as service providers in enabling EFNEP (Extension Food and Nutrition Education Program) participants to access available services.

The objectives of this project were:

1. To increase the knowledge and skills of private child care providers related to successful inclusion of young children with disabilities within their programs.
2. To facilitate the development of policies and procedures for private day care givers that will enhance the likelihood for successful placement of young children with disabilities.
3. To empower child care providers to confidently and competently interact with families seeking placement for children with disabilities.

The Hawaii Inclusion Video Lending Library supports the training of individuals to serve infants and young children with disabilities and their families in a natural environment. The challenge is encouraging "regular" early childhood faculty and trainers to incorporate inclusion themes throughout their curriculum.

One hundred and two Head Start personnel attended two separate half-day trainings on using visual support and strategies to enhance preschool participation for visual learners.

Comments from participants indicate that the information received from the workshop provided them with new insight in regard to parent perspectives and the unique strengths and qualities of the medically fragile infant. Participants indicate that there was a heightened awareness of community resources available to them. Referral to services were more accessible than people originally thought. Faculty participants indicate they would include some of the information into their student lectures.

Participants were exposed to current information regarding the changing demographics of modern families; the state-of-the-art of family-centered services in Part H, Section 619, and K - 12 special education; and issues in the effective preparation of paraeducators for special education and Part H programs.

We were able to provide training to combined groups of professionals and service providers in the medical and educational fields. Through trainings that included comments from parents, legal and educational information, some NICU and Pediatric staff members became more receptive to the idea of early intervention and family-centered services.

We had a variety of training and means of giving out information. First, we sponsored two workshops at the N. Nevada Early Childhood Educator's Conference. One focused on inclusion in early childhood settings. In the other, participants learned about developmentally-appropriate practices for infants and toddlers, as well as inclusion strategies in early development.

In our on-site training we provided information about developmentally-appropriate environments for infants and toddlers, as well as materials such as NAEYC brochures about infant/toddler development, the Anti-biased Curriculum, to encourage inclusion of all children, and TA in actually changing their rooms to better meet the needs of infants and toddlers.

The participants shared with the facilitators in a variety of ways what they learned. From their feedback it was clear to the facilitators that participants not only enhanced their knowledge, attitude and skill base about child development, but also about professionalism and about themselves.

A videotape explaining the variety of behaviors that may be present in children under three years of age who have autism will be a very useful tool to use in conjunction with a lecture/discussion format when teaching families, professionals, and students about autism in the preschool child. As part of this project, an awareness questionnaire and a pre-/post-test was developed to assess the efficacy of this instructional tool.

This practicum allows for on-site supervised experience in working with infants and toddlers identified as medically at-risk or developmentally disabled. This experience shall include assessment and evaluation of children, development of the IFSP, application of methods and techniques for working with the child as well as the family and caregivers for delivery of services. Supervision will be provided by a certified early intervention specialist or related service provider such as a physical therapist, occupational therapist, speech and language pathologist, or social worker.

Participants included professionals and parents of children with PAE as well as one adult who has a diagnosis of FAS/FAE. Some feedback: "I have a much better understanding of the implications of alcohol on the developing brain and the long-term consequences of this for the child and their caregivers." "There are probably many mis-diagnosed people that are really FAS/FAE." "I was never aware that FAE was as severe as FAS." "With diagnosis, there is far more that can be done to help."

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1. The teachers of the Migrant Preschool and their administrators have gained extensive insight into Mexican Migrant Culture and have become skilled at establishing partnerships with the parents.
2. A thorough list of the concerns and interests of Mexican Migrant Families has been generated. This has had several effects. One effect has been the skill and confidence developed by the preschool staff. A second effect has been the sense of voice growing among the families themselves. This group, timid and hesitant initially, has responded with energy and enthusiasm to having been heard, to seeing their concerns in print, and to the possibility that they can have a strong united voice for their children in schools.

The first WRFIT grant was used to purchase early childhood training videos to expand upon a local library of materials. In this way, on-site trainers available at the various agencies would be able to provide short-term training and the necessary follow-up activities so often missing when outside consultants are accessed for teaching events. Round I of the mini-grant was used to supplement an April/May, 1994, Interagency Forum and IFSP Training previously identified by the team as a training need. Over 25 staff from the various agencies participated in the one-week IFSP training event. The Round II monies were used to hire two professional staff from the Palau Resource Institute to conduct an evaluation of early childhood training models used by agencies in Palau. When the report is available, the jurisdictional planning team will use the results to form the basis of future training programs in order to encourage interagency collaboration and avoid duplication of efforts.

According to the data collected from the pre-post training surveys and from direct participant feedback, these community-state health nurses did acquire improved knowledge regarding the targeted training areas. Most specifically, these professionals indicated that they had elaborated on their personal philosophies regarding the benefits of early evaluation and intervention, had improved knowledge of speech and language milestones, and had increased ability to facilitate the development of improved multiculturally based caregiver strategies.

All of the parents recognized that they could choose to be responsible for monitoring their child by completing the CAP and SAC at periodic intervals. They learned how the CAP and SAC tools could provide them with the knowledge to more actively participate in IFSP meetings.

WHAT WE LEARNED:

It's important to include indigenous knowledge in the design of curricula (that deal with indigenous cultures only?).

- Creating materials using examples, vignettes of their children and their class is important in workshops. Teachers appreciated seeing their own progress and their actions.

- Child centers are dynamic. The time to come together, while refreshing, was difficult because systems don't yet support this type of meeting time.
- Teachers problem-solve ways to use observation tools that work for their workplace and style.
- The project was stimulating and valuable. Faculty underestimated the amount of time needed for this project.

- Written notification of project needs to be distributed to participating staff at least two weeks prior to implementation.
- ALL cooperating teachers and staff should have written schedules of visitations.
- Weekly meetings of coordinators and students were too much--monthly meetings worked out much better.

We realize that families/parents play a vital role in the development of their children. These same language facilitating methods can be and are used by parents of these participants.

As trainers, we learned that we had a lot of information to share and it was difficult to cut it down to fit it in a one-day workshop. We also learned that the child care workers appreciated the information we had to offer. They felt it was useful. The notebooks were very valuable resources for the participants. We learned from the participants as well as them learning from us. We were reminded of how important it is for people to network with each other in this field.

What families are saying:

- "Consider that the family has more information than you do about their child."
- "Respect our family as you would a representative from another discipline."
- "Value what I have to say and be respectful of our schedule."
- "Don't judge, but recognize and respect individual differences among families."
- "Abandon the myth of the hysterical mother and trust families to make appropriate decisions given appropriate information."
- "Recognize parents as the lead members of the team and that they drive the decision making process."
- "Do not label parents as in denial or in grief if they disagree with you."

First, there appears to be a tremendous interest about this topic among service providers. Second, we learned that holding the workshop in the urban community/inner city rather than on the University campus was an important "draw" for the participants. Third, another important "draw" was that the workshop was free, and that the participants really liked the numerous handouts and resources that were provided. Fourth, that the parents of special needs children were an invaluable resource in lending the expertise of their lived experience of working with service providers.

Parents can have their questions discussed regarding communication development in their young children using this model. Student clinicians need more support in communicating effectively with parents.

EFNEP professionals were able through the grant to research the topics in more depth than otherwise possible and to prepare activities and handouts for the trainings. Through the grant, they were able to explore more fully the relationship between developmental stages and infant and child feeding practices.

As trainers, we learned using a contract format at the initial training that required the use of visual cues in its development resulted in immediate application of the concepts and strategies and enhanced participation. In addition, we knew that using visual cues worked for us and were very happy to learn it worked for children and the variety of people who worked with kids.

As a professional, I gained insight into the daily struggles and joys that parents [of medically fragile infants] go through. I also learned more about the art of training adults. Teaching is always fun, but also a challenge as we "went on the road." Planning, organizing, and communicating with each other (as trainers) was very important.

Efforts to work with faculty in Native American communities can seem challenging if driven excessively by calendars and clocks. Our experience is that technical assistance (TA) will be requested when there is a locally perceived need. Making certain that tribal college faculty are aware of TA availability may prove to be a successful approach to developing ongoing meaningful exchanges.

The suggestion for acknowledging unique and different learning styles has provided a wonderful, nondefensive option for dealing with the sometimes difficult and potentially stressful topic of bereavement.

There is a great variety of knowledge and skills depending upon the location across the state and child-care settings. Physical environments for infants were often inappropriate, with unsafe and unhealthy practices (NOTE: Is this a mandated reporting issue?). There was little formal training for caregivers of infants and toddlers, and our training videos and materials were new information. Conference participants were more apt to have had training about inclusion, special needs, and infants and toddlers than the caregivers at centers visited. Many center staff did not know about existing services for special needs infants and toddlers.

It was very helpful to have some additional funds to expand existing programs, and to provide additional staff hours, so that more child-care staff and parents could be reached with additional materials.

- It is important for family child care providers to have opportunities for training that will help them provide quality child care in their communities and help them see themselves as important professionals.
- Many family child care providers need mentoring in order to see themselves as professionals; they need to seek out professional development experiences.
- Small group trainings support positive adult learning through opportunities for high quality interactions among participants and between participants and facilitators.

Although we have the capacity to deliver course work for the EI certificate in the CNMI, our team believes that observation and participation in exemplary early intervention programs is an essential component on an inservice or preservice personnel preparation program. Since our trainees are employees of CNMI, we must create an opportunity for them to obtain a practicum elsewhere.

I learned the value of unflagging cultural respect and flexible design. I learned to provide form to the project activities through questions, content analysis of responses, and reliable scheduling of meetings. I learned the boundary between provision of this form and the flexibility necessary for giving the direction of the project to those it was intended to serve, the often invisible and unheard families of Mexican Migrant

children. I learned of the power of this approach and stand in awe of the catalyst it provided for the emergency of strong leadership and collective advocacy these parents and preschool teachers for the educational well-being of the children. Developing and carrying out this project has been an invaluable experience.

I found that it is inappropriate to assume that field-based professionals working with young children and their families have knowledge of the topics covered in this training session. This particular group indicated great need for this information but also indicated little prior experience or training. I learned that field-based professionals are eager to learn and rapidly apply contents to practice. They make a demanding audience, however, requiring clear organization, hands-on materials, and interactive training methods.

I was surprised to learn that the majority of parents and many of our teachers overestimated motor skill level and underestimated the social skills of this population of children. Parents of drug-affected children viewed the effects of drugs as a temporary problem that eventually would be resolved as the child matured. Both parents and teachers indirectly encouraged dependency behaviors in the children by assisting them more than necessary. Both parents and teachers believed rates of development were the same at each age level and in each area of development. Participants who were members of minority groups indicated that Caucasian children were developmentally superior to other children.

IMPLICATIONS OF THIS WORK:

Ideas for continued momentum in the future include:

- Continue research on indigenous culture.
- Document child-rearing practices--past and present--using oral histories, interviews, and videotaping.
- Offer course dealing with ethnography and curriculum design.
- Offer curriculum that meets the needs of a diverse population.
- Design curriculum using the knowledge of the Elders.
- Provide community-based experiences for families: Spirit Camps, Talking Circles, and Healing Circles.

Participants in workshop, presentation, and project found value in expanding their understanding of the meaning of observation and documentation in early childhood curriculum. The educational materials were well received. The participants especially noted the individualized materials and content. For the teachers involved in the ongoing project, there were changes in their thinking about teaching practices. I hope to develop workshops that will be ongoing and offer college credit. Materials and content from this project have been infused in the existing coursework offered at the UAA Early Childhood Development Program.

This project provides awareness activities to college students regarding developmental disabilities.

Implementing this type of project indicates the need for bilingual/bicultural curriculum that American Samoa should seriously consider in the near future. With two languages being spoken in the classroom, a major concern is that one's disorders with regard to the Samoan language may be overlooked due to the language barrier which seems to be evident for a majority of the students here in American Samoa.

It's not a matter of time spent with a family as much as a matter of attitude.

Two major implications emerged from this workshop. First, that an interdisciplinary course on this topic should be developed so that sufficient time is allotted for both content learning and skill building. Second, we have discovered no audio-visual resources which focus on the demonstration of cross-cultural competence in early intervention settings. Almost all were presentations using lecture format, with no actual demonstration and/or application of the ideas to be put into practice.

Parents were introduced to family-focused intervention, language development milestones, and provided with support in facilitating their child's communicative growth. Efficient, cost-effective model to allow both prevention and screening services to families with young children.

EFNEP is but one of many programs that reaches limited resource audiences. While its thrust is limited to nutrition education, the audience it serves has a broad range of needs--well beyond nutrition. Interagency collaboration will benefit from those we are attempting to reach, as well as strengthen and invigorate the programs themselves. EFNEP has a history of successfully working with other agencies and we look forward to continued collaboration with Infant Services of Colorado.

Outcomes of this project will enable private day care settings to be fully inclusive so they can properly and appropriately place young children within the best program possible. Another outcome of this project will enable day care providers to be much more cognizant of disabilities and will also positively interact with families of children with disabilities as well as fully involving parents in the educational training of their children.

Our next steps are identification and support of parents willing to share with trainees their experiences of children enrolled in inclusive settings.

Included on the evaluation sheets from participants was an area for them to add what topics they would like to get more information on. We will compile those interests into future training opportunities.

Content focus concerned issues in developing improved family-centered services by special education service providers in reservation communities. Infusion of family-centered methods in tribal college personnel preparation programs is expected to make a long-term contribution.

With the help of the WRFIT Mini-Grant, we were able to expand our trainings to include many individuals who work in the medical and educational fields, and who provide services and support to families who qualify for Part H services.

We are in the process of planning our first state-wide conference for early childhood. We believe there is a tremendous need to bring together leaders in early childhood from all over the state to share information and develop strategies to influence the standards of child care for the state, including the requirements for training and support of training. We have also received funding for family day care training in the north Nevada area, that will use the model of on-site training and technical assistance. This training will focus on infant and toddler care.

Our commitment is to:

1. Infuse these training sessions through presentations into already existing training opportunities (e.g., New Mexico Regional Care Conference).
2. Advocate at the state level for funding for family child care training.
3. Seek other mini-grants to replicate the WRFIT project for additional family child care providers.
4. Seek other funding to provide opportunities for additional professional development for our WRFIT participants including an on-site observation piece.

The videotape has been used for instruction in a graduate level communicative disorders class where students learned about the characteristics of autism, the behaviors that are consistent with this diagnosis, as well as their need for early and appropriate intervention. "But he knows his colors" will be shown again during a presentation at the NM Council for Exceptional Children annual meeting and for Pediatric grand rounds at UNM. In the future, the video will be used when lecturing OT, PT, and education students about autism.

As I write this report, we are preparing for our March 8 meeting. I am unsure what will come of formal contact with educators and school board members, but I am making myself available to support the efforts of the parents and Migrant Preschool Teachers to forge working relationships with the future teachers of current preschool children. It is our hope that these efforts will pave the way for ongoing alliances between school staff and Mexican Migrant Families.

I have already had opportunities to provide the materials developed with these grant funds to extend training to other field-based professionals. I have responded to inquiries about the organization of this project from several other speech-language pathologists, nursing coordinators, and educators, and have been able to be helpful. I also plan to recruit other professional groups interested in similar training. Training will be altered in accordance with the ranked information given me by these participants.

The CAP and SAC will be distributed to support service teams throughout the Childhaven system. Monitoring of individual children will be encouraged on a six-month basis.

DATA INTERPRETATION:

Results Table: Average response on a scale of 1 - 5 (N = 38):

- The content of the workshop was of value: 4.8
- The way the workshop was designed and delivered was helpful: 4.0
- The materials are valuable: 4.5

On average, the workshop content, process, and resources/materials met most of the participants' expectations. Qualitative data confirm the quantitative ratings. Given the time-limited nature of the workshop, it seems that the training accomplished its objectives.

All 17 Community Educators reported increased understanding of and sensitivity to the needs of children with disabilities and their families. At the latest training, the paraprofessionals reported that they had not yet come across families in need of services, but they knew they will be able to help families in need when the time comes.

Trainees indicated a high level of satisfaction with the training. Qualitative data were also collected to determine the trainees' use of visual strategies as a teaching technique in their preschool setting. Following the training, 81% of the trainees indicated that they used visual strategies to deal with the most difficult concerns in their classrooms (compared to 8% in a pretraining survey).

Project objectives for the mini-grant supported the development of collaborative exchanges among faculty of the Salish-Kootenai Tribal College (SKC) and the University of Montana (UM). All objectives were completed.

Skills Inventory for Caregivers (self-report checklist administered 11/2/94 and 12/7/94). Many of the participants initially responded that they "do very well" in many of the listed skills. At least one half of the participants reported positive changes in skill levels in at least half of the designated skill areas. One participant reported positive skill changes for every skill in the eight categories. Regardless of reported skill level change, completion of the form heightened participants' awareness of skills required by family child care providers.

Most respondents indicated they have a better understanding of autism, and that the presentation cleared up some misunderstandings and misconceptions about autism.

Participants took a pre-post test concerning knowledge of speech/language development and early intervention practices. Data indicate gains in knowledge from pre-test to post-test.

Two tools assisted participants to interpret the assessment results. The first tool, the Child Assessment Profile (CAP) reported assessment scores as age equivalents. The second tool, the Skill Acquisition Checklist (SAC) taught participants to recognize the importance of smaller developmental achievements in relation to major developmental milestones.

MINI-GRANT RETREAT EVALUATION
COMMENTS

Mini-Grant Process Comments :

1350 - The mini-grant provided opportunity to do something that was under our (me and my partner's) supervision to share with parents and other colleagues.
2128 - Without this grant my agency and myself could not have "created" the ____ ___ faculty within our medical community.
6041 - The retreat is great. Presenters are very interesting and motivating. I learned a lot from the other participants from the different states.
5110 - In general it was great validation to see what other states had developed and to realize that many folks are doing similar types of projects.
9079? - Interesting project. I enjoyed and appreciated the workshop.
0092 - Grant was a vehicle that enabled the training to take place. The grant itself did not increase my personal proficiency -- I'm unclear as to the intent of the above question.
7237 - This retreat was a gift to professionals from many fields of expertise. The training was excellent -- good info to use at the preservice and inservice level. I appreciate your respect of time -- every minute was useful. I leave feeling energized and interested in finding out more about Part H using storytelling and humor in my world. Thanks for the gifts.
0844 - Very carefully organized. Friendly staff. Gave me much info on how to make my instruction more interesting and more interactive and lively. Also -- nice accommodations. Thank you!
7594 - Excellent workshop! Great to network with so many people from around the region! Thanks!
8196 - Thank you -- I really enjoyed it!
8890 - Poster sessions filled with great ideas I can and will use (content and quality). Presentations also provided great ideas for improving presentation quality.
7094 - It was a great learning experience.
7974 - The WRFIT staff were very helpful and available for questions. I really appreciated their input and enthusiasm.
0897 - I was please to have received a mini-grant. It afforded Family Child Care Providers important training they might not have received. THANK YOU!
1516 - It has been an exciting and effective piece of the process that will always be ongoing over a long period of time -- forever.
3064 - Opalanga was excellent.
9848 - Actually beyond inservice. Practicum experience.
0666 - The mini-grant gave motivation to me to provide training and management of the grant, however, I will attempt to secure greater $ grants in future. It was a lot of work and structure to provide training.

Motivation :

1350 - The desire to do something differently than what's usually done and still help our students and their families realize students' potential.
2128 - Community need
7491 - I very much appreciate the opportunity to apply (easily) for a small amount of money to do something we had talked about for awhile but didn't have the extra $. Also, it (_____) provided the incentive to actually complete the project.
6041 - No training at all for Private daycare Providers in working with children with disabilities as well as their knowledge of federal laws re : placement, IEP, IFSP, services, etc.
5110 - A need clearly existed and it was a vehicle for us to complete a project which we had a lot of interest in but no funding for.
1683 - The techniques that we have been using for the past 2.5 years have been effective and rewarding. We, as educators wanted to share these techniques with other educators working with children as well.
8790 - Started w/ colleague's mention of the mini-grant ___ the area we worked on was something I had wanted to present because it has worked so well for us.
9079? - Interest and need for support to implement my ideas.
6162 - It provided an opportunity and a means to resurrect an idea I had may years ago.
0092 - We formed our WRFIT State Team and used the mini-grant as see $ -- enabled to leverage additional funds.
7237 - I attended a state level training session and was encouraged to apply. I was interested in collaborating with my friend who is an educational director at a school for severely impaired children. I brought my knowledge of staff development, change, and teacher training.
4748 - Its availability. A need to support more collaboration among regular and special educators in birth to three training.
1393 - Needed money to obtain equipment so I was willing to work for that money.
1363 - Increase our capacity for quality programs and training for 0 - 3 child care providers.
5975 - Supplement our interagency efforts
0844 - Rec'd invitations in the mail. I had an idea in mind that I had wanted to do for years. This provided an opportunity --- Thank you!
5072 - Was made aware @ a state training meeting and we planned and wrote the grant and carried out our plan, based on needs we saw.
7594 - We were already doing a grant through the state and felt the mini-grant gave us the opportunity to follow through and expand people's knowledge of working with 0-3 children w/special needs.
8196 - The need for training in my area - 0-3 yrs.
4006 - Opportunity to work closely with core providers/teachers
8890 - Wanted to provide info to Utah public health nurses -- no existing mechanism to do so.
2243 - It fit into (or had the potential to) my ongoing research program on children's medication and management of medications in community settings by parents and

other caregivers. Also, the application form was easy to complete and the people I spoke to on the phone in Colorado (Linda Frederick) were very helpful and supportive. The WRFIT people I spoke to in my state (Washington) were not helpful – in fact they were useless!

7054 - Hal did!

7974 - a) Frustrated at the level of participation of parents and family members at IFSP meetings.
b) Encouragement from WRFIT team members.
c) Positive response from parents/teachers on content of training sessions.

6050 - $ - always looking for financial support for our ideas.

0897 - The Family Child Care Provider population has been neglected with regard to available, accessible training. through collaboration with our Resource and Referral we were able to at least reach a small group of providers and encourage them to seek additional professional development activities.

1516 - Nancy Baptiste and the knowledge that family child care providers continually expressed discomfort or complete disagreement to serving young children with unique needs.

3064 - Importance of project goal : to establish linkage w/ local tribal college(s).

9848 - I did not : Give credit to Nancy Latham.

0666 - My first grant

Leverage :

1350 - No

2128 - Yes, needs were able to be deferred (?) as specific, such as carpet, curtains, equipment. These types of donations are easier to obtain than ____ donations within our community.

7491 - Hopefully, we'll be able to find $ to market our tape and make it more available.

6041 - Block Grant, Part H money, Dept. of Education, Public Health and Social Services.

5110 - We are still working on this. We certainly received much support from our video production unit at the University. They took a special interest in our program and I'm sure we got much more "bang for the buck" than if we had attempted to use more commercial production means. Our UAP has expressed an interest in dissemination and may support our efforts in this.

1683 - No -other than the Regional HeadStart coordinator set up the dates, place where training took place.

8790 - Resources – Headstart provided room, beverages, mailings to participants.

9079? - Some support in copies/place etc. from college.

6162 - Time from the PT, OT, teachers and myself was utilized in addition to transportation donated by CDS and Sp. Ed.

0092 - Grant #1 Yes. from Public Health (Daycare Block Grant), Part H, DD Council
Grant #2 Yes. from NEC*TAS

7237 - no

4748 - Yes. Donated office spaces and personnel.

1393 - The dept. helped a little

1363 - This was integrated with state training funds and a local professional organization funds.

5975 - Yes -- NEC*TAS - consultant
Western RRC - meeting space
local dollars - publicity
MCH - SSDI grant

0844 - Yes - the agency I worked with applied for another grant (much larger) from the state.

7594 - We were given the space for the training by the university, but nothing else was donated except time by staff in preparation.

8196 - Yes, university travel $, per diem, etc.
Meeting space, office supplies
My pay for hours spent on project.

4006 - Yes -- I am able to add a research component with a small faculty development grant awarded through the university.

8890 - yes -- state nursing coordinator arranged to pay some expenses for participants for 1st session -- arranged space, made copies of some handouts.

2243 - Yes, our center provided meeting rooms, secretarial support and the practice lab and equipment free of charge. We used work-study student on other grants to help with some of the workshop paperwork.

7054 - Yes -- Idaho Dept. of H and W contributed secretarial time and energy. Each region donated space and snacks.

7974 - No (unfortunately). Materials developed during the mini-grant process are being used and hopefully will generate interest in other professionals who have access to funding.

6050 - In - kind from the college.

0897 - The Resource and Referral donated space, resources materials (Toy Lending Library, resource books and videos) and some xeroxing. Resource and Referral also did the recruiting.

1516 - I was able to support with staff, printing, etc. from the Resource and Referral $.

3064 - Had to! -- accomplishment of goals took more time, travel, and contract service than our "best guess" from proposal.

9848 - Yes. Part H and Public Health will send (pay) for cost of some additional students to be a part of the Practicum.

0666 - Yes, We charged college credit @ Portland State University Extended Study Program.

Additional Comments :

1350 - Would like to thank WRFIT for the opportunity to do more that what our usual workload required. Our project was dun and the families/parents of our participants felt that there was much to be gained.

0092 - This was a refreshing retreat -- lots of new ideas for affective dev. -- enhancing training by using humor and storytelling.

5072 - We trained paraprofessionals who will in turn train others -- teachers, parents, Headstart workers, etc.

ôô9Ō - Terrific retreat -- made lots of valuable contacts.

2243 - Suggestions for next time : The retreat has been excellent -- highly motivating, low key, and opportunities for networking. A really valuable part of the whole process. If you do this again, I would 1) include a session on finding additional funding from state and federal sources and 2) establishing an ongoing network of faculty in each state -- or even across states, 3) Info about computer communication network -- Internet discussion groups, E-mail, etc. -- to continue communication and resources sharing among faculty would also be helpful. In fact, if you are refunded -- consider setting up a computer discussion list on Internet to encourage communication among faculty.

0897 - By far this has been the best training experience I have had in the last 5 years. The day and a half was well organized and implemented appropriately based. It was very respectful of adult learners. I feel refreshed. I know that my time was well spent. Thank you!

1516 - I deeply appreciate the emphasis on creativity (humor, storytelling, family stories) and the balance of activities -- respectful of adult learning needs.

0666 - Excellent retreat. Fun and innovative.

Demographic Data

DEMOGRAPHIC DATA FROM WRITT in May 96

Date sent: Tue, 14 May 1996 10:48:28 -0600
To: hal.lewis@uchsc.edu
From: Michael Peacock <mpeacock@nmd.com>
Subject: New Info!

May 96 SPSS for MS WINDOWS Release 6.0
Page 1

This software is functional through February 28, 1997.

12 May 96 SPSS for MS WINDOWS Release 6.0
Page 2

File: Written by SPSS for Windows

AA.DISC2 AA degree 2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Early Child Educ	4	1	.3	33.3	33.3
Early Child Spec Ed	5	1	.3	33.3	66.7
Nursing	7	1	.3	33.3	100.0
	.	311	99.0	Missing	
	Total	314	100.0	100.0	

Valid cases 3 Missing cases 311

- -

AA.DISCD AA degree 1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	1	.3	6.3	6.3
Audiology	1	1	.3	6.3	12.5
Child Development	2	4	1.3	25.0	37.5
Early Child Educ	4	6	1.9	37.5	75.0
Nursing	7	1	.3	6.3	81.3
Psychology	11	2	.6	12.5	93.8
Other	15	1	.3	6.3	100.0
	.	298	94.9	Missing	
	Total	314	100.0	100.0	

Valid cases 16 Missing cases 298

- -

APPTYPE type of appointment

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

File: Written by SPSS for Windows

AUD.INSR inservice audience

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

AUD.UND Provides training to undergrad audience

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

AUDGRAD training to graduate audience

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

File: Written by SPSS for Windows

BA.DISC2 BA degree 2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Audiology	1	1	.3	4.0	4.0
Child Development	2	2	.6	8.0	12.0
Education	3	4	1.3	16.0	28.0
Early Child Educ	4	6	1.9	24.0	52.0
Early Child Spec Ed	5	2	.6	8.0	60.0
Nutrition	8	1	.3	4.0	64.0
Psychology	11	1	.3	4.0	68.0
Special Education	13	5	1.6	20.0	88.0
Speech and Lang	14	2	.6	8.0	96.0
Other	15	1	.3	4.0	100.0
	.	289	92.0	Missing	
	Total	314	100.0	100.0	

Valid cases 25 Missing cases 289

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BA.DISCD BA degree 1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	1	.3	.8	.8
Audiology	1	5	1.6	3.9	4.7
Child Development	2	11	3.5	8.7	13.4
Education	3	26	8.3	20.5	33.9
Early Child Educ	4	15	4.8	11.8	45.7
Early Child Spec Ed	5	1	.3	.8	46.5
Nursing	7	3	1.0	2.4	48.8

Nutrition	8	2	.6	1.6	50.4
O.T.	9	4	1.3	3.1	53.5
P.T.	10	7	2.2	5.5	59.1
Psychology	11	11	3.5	8.7	67.7
Social Work	12	10	3.2	7.9	75.6
Special Education	13	5	1.6	3.9	79.5
Speech and Lang	14	2	.6	1.6	81.1
Other	15	24	7.6	18.9	100.0
	.	187	59.6	Missing	
	Total	314	100.0	100.0	

Valid cases 127 Missing cases 187

File: Written by SPSS for Windows

BIRTHD birth day

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1	1	.3	.3	.3
	1	9	2.9	3.1	3.5
	2	19	6.1	6.6	10.1
	3	5	1.6	1.7	11.8
	4	13	4.1	4.5	16.4
	5	6	1.9	2.1	18.5
	6	13	4.1	4.5	23.0
	7	12	3.8	4.2	27.2
	8	6	1.9	2.1	29.3
	9	13	4.1	4.5	33.8
	10	10	3.2	3.5	37.3
	11	9	2.9	3.1	40.4
	12	9	2.9	3.1	43.6
	13	7	2.2	2.4	46.0
	14	9	2.9	3.1	49.1
	15	13	4.1	4.5	53.7
	16	8	2.5	2.8	56.4
	17	8	2.5	2.8	59.2
	18	13	4.1	4.5	63.8
	19	7	2.2	2.4	66.2
	20	10	3.2	3.5	69.7
	21	7	2.2	2.4	72.1
	22	9	2.9	3.1	75.3
	23	14	4.5	4.9	80.1
	24	9	2.9	3.1	83.3
	25	2	.6	.7	84.0
	26	8	2.5	2.8	86.8
	27	11	3.5	3.8	90.6

28	7	2.2	2.4	93.0
29	8	2.5	2.8	95.8
30	6	1.9	2.1	97.9
31	6	1.9	2.1	100.0
.	27	8.6	Missing	
Total	314	100.0	100.0	

Valid cases 287 Missing cases 27

File: Written by SPSS for Windows

BIRTHM birth month

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1	25	8.0	8.7	8.7
	2	25	8.0	8.7	17.4
	3	30	9.6	10.5	27.9
	4	19	6.1	6.6	34.5
	5	20	6.4	7.0	41.5
	6	40	12.7	13.9	55.4
	7	20	6.4	7.0	62.4
	8	28	8.9	9.8	72.1
	9	28	8.9	9.8	81.9
	10	16	5.1	5.6	87.5
	11	14	4.5	4.9	92.3
	12	22	7.0	7.7	100.0
	.	27	8.6	Missing	
	Total	314	100.0	100.0	

Valid cases 287 Missing cases 27

File: Written by SPSS for Windows

BIRTHY birth year

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	27	1	.3	.4	.4
	31	1	.3	.4	.7

33	1	.3	.4	1.1
34	2	.6	.7	1.8
35	1	.3	.4	2.1
36	2	.6	.7	2.8
37	5	1.6	1.8	4.6
39	3	1.0	1.1	5.7
40	5	1.6	1.8	7.4
41	4	1.3	1.4	8.9
42	3	1.0	1.1	9.9
43	6	1.9	2.1	12.1
44	7	2.2	2.5	14.5
45	17	5.4	6.0	20.6
46	11	3.5	3.9	24.5
47	13	4.1	4.6	29.1
48	13	4.1	4.6	33.7
49	20	6.4	7.1	40.8
50	18	5.7	6.4	47.2
51	15	4.8	5.3	52.5
52	14	4.5	5.0	57.4
53	18	5.7	6.4	63.8
54	14	4.5	5.0	68.8
55	9	2.9	3.2	72.0
56	10	3.2	3.5	75.5
57	8	2.5	2.8	78.4
58	9	2.9	3.2	81.6
59	5	1.6	1.8	83.3
60	6	1.9	2.1	85.5
61	6	1.9	2.1	87.6
62	7	2.2	2.5	90.1
63	5	1.6	1.8	91.8
64	1	.3	.4	92.2
65	4	1.3	1.4	93.6
66	5	1.6	1.8	95.4
67	2	.6	.7	96.1
68	3	1.0	1.1	97.2
69	1	.3	.4	97.5
71	1	.3	.4	97.9
72	1	.3	.4	98.2
73	1	.3	.4	98.6
74	1	.3	.4	98.9
93	1	.3	.4	99.3
94	2	.6	.7	100.0
.	32	10.2	Missing	
Total	314	100.0	100.0	

File: Written by SPSS for Windows

BIRTHY birth year

Valid cases 282 Missing cases 32

- -

DR.DISC2 doctorate2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Child Development	2	2	.6	10.0	10.0
Early Child Educ	4	3	1.0	15.0	25.0
Early Child Spec Ed	5	7	2.2	35.0	60.0
Special Education	13	5	1.6	25.0	85.0
Speech and Lang	14	1	.3	5.0	90.0
Other	15	2	.6	10.0	100.0
	.	294	93.6	Missing	
	Total	314	100.0	100.0	

Valid cases 20 Missing cases 294

File: Written by SPSS for Windows

DR.DISCD doctorate1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	1	.3	1.3	1.3
Audiology	1	1	.3	1.3	2.7
Child Development	2	5	1.6	6.7	9.3
Education	3	7	2.2	9.3	18.7
Early Child Educ	4	5	1.6	6.7	25.3
Early Child Spec Ed	5	8	2.5	10.7	36.0
Medicine	6	6	1.9	8.0	44.0
Nursing	7	1	.3	1.3	45.3
P.T.	10	1	.3	1.3	46.7
Psychology	11	10	3.2	13.3	60.0
Special Education	13	11	3.5	14.7	74.7
Speech and Lang	14	6	1.9	8.0	82.7
Other	15	13	4.1	17.3	100.0
	.	239	76.1	Missing	
	Total	314	100.0	100.0	

Valid cases 75 Missing cases 239

- -

FOCUS03 degree focusing on 0-3 population with d

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	1	.3	.3	.3
Yes	1	125	39.8	42.1	42.4
No	2	170	54.1	57.2	99.7
	4	1	.3	.3	100.0
	.	17	5.4	Missing	
	Total	314	100.0	100.0	

Valid cases 297 Missing cases 17

File: Written by SPSS for Windows

GRAD1 discipline 1 taught to grads

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

GRAD2 disicpline 2 taught to grads

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

GRAD3 discipline 3 taught to grads

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

File: Written by SPSS for Windows

INSRV1 inservice discipline 1 taught

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

INSRV2 inservice discipline 2 taught

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

INSRV3 inservice discipline 3 taught

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

File: Written by SPSS for Windows

MA.DISC2 MA degree 2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	1	.3	3.3	3.3
Child Development	2	3	1.0	10.0	13.3
Education	3	2	.6	6.7	20.0
Early Child Educ	4	3	1.0	10.0	30.0
Early Child Spec Ed	5	6	1.9	20.0	50.0
Nutrition	8	3	1.0	10.0	60.0
Social Work	12	2	.6	6.7	66.7
Special Education	13	8	2.5	26.7	93.3
Speech and Lang	14	1	.3	3.3	96.7
Other	15	1	.3	3.3	100.0
	.	284	90.4	Missing	
	Total	314	100.0	100.0	

Valid cases 30 Missing cases 284

File: Written by SPSS for Windows

MA.DISCD MA degree 1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	3	1.0	1.7	1.7
Audiology	1	7	2.2	3.9	5.5
Child Development	2	7	2.2	3.9	9.4
Education	3	17	5.4	9.4	18.8
Early Child Educ	4	18	5.7	9.9	28.7

Early Child Spec Ed	5	20	6.4	11.0	39.8
Medicine	6	1	.3	.6	40.3
Nursing	7	4	1.3	2.2	42.5
Nutrition	8	1	.3	.6	43.1
O.T.	9	3	1.0	1.7	44.8
P.T.	10	2	.6	1.1	45.9
Psychology	11	5	1.6	2.8	48.6
Social Work	12	21	6.7	11.6	60.2
Special Education	13	30	9.6	16.6	76.8
Speech and Lang	14	21	6.7	11.6	88.4
Other	15	21	6.7	11.6	100.0
	.	133	42.4	Missing	
	Total	314	100.0	100.0	

Valid cases 181 Missing cases 133

- -

PRIMARY primary work setting

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
University	1	80	25.5	26.5	26.5
Comm.College	2	34	10.8	11.3	37.7
UAP	3	16	5.1	5.3	43.0
Comm Agency	4	31	9.9	10.3	53.3
State Agency	5	92	29.3	30.5	83.8
Other	6	49	15.6	16.2	100.0
	.	12	3.8	Missing	
	Total	314	100.0	100.0	

Valid cases 302 Missing cases 12

File: Written by SPSS for Windows

RACE race

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
American Indian	1	4	1.3	1.4	1.4
Asian	2	22	7.0	7.4	8.8
African American	3	4	1.3	1.4	10.1
Hispanic	4	11	3.5	3.7	13.9

White	5	243	77.4	82.1	95.9
Other	6	12	3.8	4.1	100.0
	.	18	5.7	Missing	
	Total	314	100.0	100.0	

Valid cases 296 Missing cases 18

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SERVICE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	314	100.0	Missing	
	Total	314	100.0	100.0	

Valid cases 0 Missing cases 314

- -

SEVENB1 which degree focused on 0-3 population w

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	4	1.3	3.9	3.9
AA	1	7	2.2	6.9	10.8
Certificate	2	1	.3	1.0	11.8
BA or BS	3	17	5.4	16.7	28.4
MA or MS	4	46	14.6	45.1	73.5
Ph.D	5	27	8.6	26.5	100.0
	.	212	67.5	Missing	
	Total	314	100.0	100.0	

Valid cases 102 Missing cases 212

File: Written by SPSS for Windows

SEVENB2 which other degre focused on 0-3 populat

				Valid	Cum

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Certificate	2	2	.6	8.3	8.3
BA or BS	3	3	1.0	12.5	20.8
MA or MS	4	8	2.5	33.3	54.2
Ph.D	5	10	3.2	41.7	95.8
	8	1	.3	4.2	100.0
	.	290	92.4	Missing	
	Total	314	100.0	100.0	

Valid cases 24 Missing cases 290

- -

SEVENC1 which discipline focused on 0-3?

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Audiology	1	51	16.2	33.8	33.8
Child Development	2	11	3.5	7.3	41.1
Education	3	2	.6	1.3	42.4
Early Child Educ	4	7	2.2	4.6	47.0
Early Child Spec Ed	5	23	7.3	15.2	62.3
Medicine	6	3	1.0	2.0	64.2
Nursing	7	4	1.3	2.6	66.9
Nutrition	8	1	.3	.7	67.5
O.T.	9	3	1.0	2.0	69.5
P.T.	10	3	1.0	2.0	71.5
Psychology	11	5	1.6	3.3	74.8
Social Work	12	6	1.9	4.0	78.8
Special Education	13	15	4.8	9.9	88.7
Speech and Lang	14	14	4.5	9.3	98.0
Other	15	3	1.0	2.0	100.0
	.	163	51.9	Missing	
	Total	314	100.0	100.0	

Valid cases 151 Missing cases 163

File: Written by SPSS for Windows

SEVENC2 which other discipline focused on 0-3?

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent

Audiology	1	1	.3	5.0	5.0
Child Development	2	3	1.0	15.0	20.0
Early Child Spec Ed	5	3	1.0	15.0	35.0
Nursing	7	1	.3	5.0	40.0
Special Education	13	6	1.9	30.0	70.0
Speech and Lang	14	4	1.3	20.0	90.0
Other	15	2	.6	10.0	100.0
	.	294	93.6	Missing	
	Total	314	100.0	100.0	

Valid cases 20 Missing cases 294

- -

SEVEND did later preparation focus on 0-3?

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Yes	1	159	50.6	78.3	78.3
No	2	44	14.0	21.7	100.0
	.	111	35.4	Missing	
	Total	314	100.0	100.0	

Valid cases 203 Missing cases 111

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Year 3 Summary of Planning Team

Responses to Open-Ended Questions:

What motivated faculty in your state to do birth to three training?

- Sense of responsibility to community and field . Interest in reconnecting with practitioners. Need to provide new information for universities to link to communities.
- See a need but don't take initiative until money is available - a BIG part of it.
- See a need and work to resolve if money is not available. NECTAS / UAP, WRFIT project and that encouragement & funding.
- Personal interest and understanding of the need for qualified people who are skilled in interdisciplinary services.
- Preservice: Combination of marketability of training (pertinent to credentials, future job potential, and state recognition).
- Inservice: Commitment in the field. Very dynamic, life-long searching mode. CSPD team effort.
- Access to better instructional methods addressing three major concerns: 1. Insufficient time to do the planning to restructure my teaching content / format. 2. Rethinking content to be more action oriented and outcome oriented. 3. Organizational risk involved with restructuring teaching and courses.
- More cynical now than before - what motivates faculty is their perception of regulation for training and certification. This seems to apply to every discipline related to EI. They feel they must prepare their students for everything that's involved in liscensing.
- More positive - Providing positive examples for faculty (of teaching techniques, of content) was powerful.
- Faculty recognize the need to add 0-3 as a need within the community. Training to meet needs of state has broadened because more 0-3 providers in the state.
- Motivation. In the last couple of years, faculty from disciplines other than ECSPED have understood their responsibility to teach in this area. Previous underfocusing, increases in identified needs, increases in pressure, reports from professional associations.

- Biggest thing we heard (esp. from nursing, sp. ed., so. wk.) ability to have time in their schedule coordinated with time framework of grant and/or release time. Faculty ratings are now being closely tied to use of time.

- Biggest thing we did was to provide knowledge and information.

- Money IHE=collaborating to implement programs at the preservice level. Big concern regarding decreased funding. Competencies have helped tie state together, especially regarding inservices.

- Funding - not really, but plays with the means of strengthening society - direct impact for people and communities committed to 0-3 & families, career focus - made part of our job.

- Money and Grants, peer pressure, united family voices, legislatively-driven questions.
- Money - The amount makes a difference.

- The faculty as a group need training and technical assistance in this area.

- The faculty need to be more involved as a network right from the start of this sort of program.

Were you able to leverage additional funding or resources?

- Eliz. Vincent - CSPD grant, Larry Edleman - Parents, Inc. State Money (Part H) NEC, SP. ED. Used meeting places - medical facilities.

- The AZEI training project (Arizona's early intervention training initiative) has collaborated with us in pulling together preservice and inservice training materials. We used a lot of their materials for the faculty training that we did. Both WRFIT and AZEI are funded through the UAP. The UAP has been very supportive of us, through their Assistive Tech project, has made curriculum info available to us and has lent collaboration. UAP also lent some time as none of us on the WRFIT grant have been paid for our efforts and we all work for the UAP. In fact, we will probably use some of the money that is left to pay ourselves for some of the time we have put in. The UAP has now created a faculty position for faculty excellence in Special Ed training , which has partly come out of this WRFIT project.. (the position is a new one for Karen Applequist who filled out this form)

- Incorporate/coordinate/leverage with CDE/Part B and CSPD/Part H. CEI TAN advisory committee became team members. CDE and DDS are new team players - anxiously waiting for mentorship recommendations. State ICC now supports and waiting to approve.

- A lot of time from a lot of people. Support from: Tri Alliance Leadership Porject, CDE - contributed time, and UCD.

- The UAP contributed funding to faculty forum to pay for conference costs, expenses of individuals. ($5,000), 0-3 paid for some conference expenses (several thousand dollars).

- Yes, we got more participation from Dept. of Health and Human Welfare, Money for ?? to do more regional training, Dept of Vocational Ed time of Dorothy Witmen, teaching about EI in High Schools and Community Colleges and recruiting people for paraprofessional certification or for faculty training.

- Some things happened that related to project goals: ie as soon as some things came we were able to access them - poised us to support and take advantage of other programs.

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- Yes. NM state Developmental Disabilities Planning Council - received $1250.00 and Office of Child Development, Children Youth and Families Division, received $1250.00. Asked for money from the Department of Health (state part H provider) and from the State Department of Education but did not get it. The money was for the state needs survey in early intervention training in higher ed.

- Joint submission - Teaching research and State Dept of ED grant proposal. 0-8 was funded $140,000 /year for 3 years. Also tapped into many different grants: CRC, etc, (UAP) no real agency, support except in-kind, mailings, clerical, time, travel. State Health, Dept of Ed. or Univ of Oregon.

- In-kind contributions / time-mileage, - 2-way contribution <--> DEC convention.

- CSPD funds, Part H, Grants, federal money.

- Not in the business of leveraging money. Moreso for collaboration of people. 100% federally-funded Part H. Special Ed. funding cut in half (state formula). Trying to find opportunity in this crisis. No more chapter 1. Offering incentive grants based on 94-142.

Have your team's efforts impacted faculty involvement in birth to three inservice?

- Not much, same few people are still involved. Better awareness between early childhood and EI faculty because we had a meeting together.

- Final event next week, going to make decisions about how to implement services and implement recommendations. Come together as interagency group and parents & discuss how working as a system & how to better service. Mild to moderate impact, generated discussions.

- Yes. Training in Spring 93. We started a dialogue with the community college folks to increase collaboration efforts in Early Childhood. The project also strengthened training efforts in the state and helped to get some Special Ed content into Early Childhood classes. The grant allowed people to come together in planning for the training and increased collaboration. The Mini grant really supported people to do training at the community college level in this state.

- Solidifies partnership - continues the leadership and commitment for CEI:TAN's role in the state.

- Probably not yet. 2 reservations: 1: It was a very tiny project, takes a more prolonged and concerted effort. 2. But team members learned a lot.

- High impact - excellent response from faculty.

- Has increased links with faculty. Focus on speech, language, and communication disorders, audiology, full-day training event last August - about 25 faculty. In these disciplines, faculty has incorporated materials.

- Given circumstances, created opportunities and awareness. Provided several good things that were partially funded by WRFIT of coordinated and arranged due to being in the right place at the right time because of WRFIT.

- I don't really know. We don't have an impact evaluation. Personally, I think we had an impact in the area of increased knowledge and inclusion of content in teaching, this is per participant feedback, but I cannot confirm this with data. Even in the last training, the participants did a "next steps at home"

piece but have not gotten any feedback. We should have collected course outlines at the beginning of the project and after.

- YES! Annual consortium activities here targeted higher ed faculty and promoted availability and quality of inservices.

- Competencies have! Increased the quality and quantity of service programs.

- History of efforts have greatly impacted. This effort is another piece of the continuum

- Too early to tell. [It looks to me as if] Last year has been repositioned.

- Minimally.

What else needs to be done to increase faculty involvement in birth to three inservice or preservice in your state?

- Commitment from lead agencies towards need for preservice (in the pase aware of inservice needs, but not preservice). State plan - recognize need for career ladder but don't implement on preservice. Part H has money as does DOE - need more of a marriage between preservice and inservice.

- Interagency council going to continue with these efforts and encourage communication between leaders, identify where problems exist, and troubleshoot. Talking more and realizing importance of planning.

- We have a fragmented and weak system. We need to get the word out to providers regarding credentialing. Need to get credentialing standards set, and need clear guidelines on what courses are needed. We need more direction and support from our state ICC. We need more interdisciplinary training and EI content in other disciplines. Higher ed needs a kick in the butt, money and encouragement from the ICC. I don't know hoe interested people are in this area, some disciplines are interested but others aren't.

- MONEY! Task force is looking at the national state and private grants while continuing the partnership.

- Better use of technology and communication and adult learning. Give faculty introduction and experiences with principles and technology of adult learning. Not sure what arena this could be done in.

- Improve collaboration among the faculty. Move more aggressively into reg e.c. education. We need a process for more thoughtful standards for preservices, EC competencies, with info about disabilities.

- Home day care providers is an area to do more training in - don't have system of support.
- Develop cadre of individuals to serve as in-home trainers - help family day-care providers become more capable and well trained.

- Include children with delays and high-risk in teaching. May purchase curriculum for faculty to include 0-3 in teaching in community colleges.

- Consider "faculty" in HS and Junior Colleges - continue outreach here. This has dual purpose: Recruits new students and gives EI focus. Need for outreach training for medical personnel – MDs

PAa, NPs: Operation Housecall. No med school, but we do train PAsPhysicians come from U of Wa and U of UT to do family practice residencies.

- Recruit new students and gives EI focus. Need for outreach training for medical personnel -- MDs PAa, NPs: Operation Housecall. No med school, but we do train PAsPhysicians come from U of Wa and U of UT to do family practice residencies.

- Increase morale of faculty within Montana's higher education system.

- In some cases, clearer description of expertise and practices expected of Montana's service providers. Esp. if these descriptions come from outside of higher ed system. Would help in redoing curriculum and designing training, but pressure is needed from the outside.

- We need lots more information. Faculty need to see the involvement of state agencies who are consumers of our products, that is students who will become service providers. Faculty look at us on the NMWRFIT team as peers but the community people who are really the consumers of product (students) are ignored. Faculty need to be more aware of the needs of the community and how much EI teaching is needed and in what areas. We need more consumer feedback to universities, not just from the hiring agencies but also from families who are the ultimate consumers.

- Money to pay for their time and money to pay fo field supervisors for mentorship and practicum [work].

- Increase the number of kids (population) and corresponding number of identified kids. Decrease sufficient trained staff available. We need to get involved with "Teacher Standards and Practices Group". They are going in a different direction - we need to redefine where we can make an impact.

- Awareness and education of other disciplines (broaden disciplines involved)

- Moving into smaller colleges & community colleges.

- Resources - access (money and materials)

- Open discussions about delivery with parents and families.

- The planning team is brand new now, in a sense. The interdisciplinary group has recently received program approval from the state in early childhood. Resources that would promote the interests and career of interdisciplinary team members. University of Wyoming awarded early childhood certification program and interdisciplinary team was instrumenal, but still feels inadequate to implement program.